

BCRA Implications on Infant Mortality: Ohio June 28, 2017

The Senate is expected to vote after the July 4th recess on the “[Better Care Reconciliation Act](#),” a bill that would repeal parts of the Affordable Care Act (ACA), cut Medicaid spending by \$772 billion and allow states to seek waivers to roll back Essential Health Benefits (EHBs) that plans must currently cover. Passage of BCRA threatens efforts to curtail the infant mortality rate.

Infant Mortality in Ohio

The national infant mortality rate is 6.1 deaths per 1,000 live births. Ohio ranks 45th in the nation for overall infant mortality rate. In 2015, Ohio’s All Race Infant Mortality Rate was higher than the national average at [7.2 deaths per 1,000 live births](#), with the mortality rate of African American babies nearly double at 13.8 deaths per 1,000 live births. The three leading causes of infant deaths in Ohio are pre-term births, sleep-related deaths, and birth defects.

In 2016-2017, Ohio [implemented](#) new initiatives to address infant mortality. The Ohio Department of Medicaid (ODM) allocated \$26.8 million to increase awareness in high-risk communities and to increase care coordination among agencies that provide care for at-risk woman and infants. Under BCRA, this funding would likely be eliminated because the bill cuts \$772 billion in federal Medicaid funding and rolls back Medicaid Expansion. Ohio would have to raise taxes or cut Medicaid services by [\\$6.4 to \\$8.5 billion by 2025](#) to make up for the loss in federal funding.

Impact of BCRA Medicaid Funding Cuts

Ohio’s Medicaid program provides coverage to 1.6 million women and [finances](#) approximately [52 percent](#) of Ohio births. Further, [25 percent](#) of women of childbearing age, 15-49 years old, receive health insurance coverage through Ohio’s Medicaid program. Under BCRA, Ohio will likely restrict Medicaid eligibility, or cut Medicaid services, to make up the loss of federal Medicaid funding. When pregnant women are uninsured, or underinsured, prenatal care is postponed or accessed intermittently, which [jeopardizes positive infant health outcomes](#).

As Medicaid shifts from an entitlement program to a per capita cap program under the Senate Republican health bill, states will have to cut optional services to stay within their capped amount or face penalties if they overspend their caps. Ohio currently elects to provide Medicaid coverage to pregnant women up to [200 percent](#) of the federal poverty level but this could be threatened under BCRA, limiting the state's ability to provide timely prenatal care which can help reduce the infant mortality rate.

Impact of BCRA on Private Market Coverage

Prior to the ACA, 75 percent of private insurance plans did not [provide](#) coverage for delivery and inpatient maternity care. This lack of coverage is [linked](#) to delayed prenatal care, increased infant mortality, and complicated deliveries. To address these issues, the ACA instituted a mandatory coverage requirement for maternal and newborn care.

Unfortunately, BCRA allows states to roll back the ACA's Essential Health Benefits (EHBs) through waivers. Among those EHBs are maternity and newborn care, including prenatal screenings and breastfeeding support. If Ohio waives the requirement that insurers cover maternity care, the premium for a rider to cover these services would cost an additional [\\$17,320 in 2026](#). In the similar House passed bill, women could pay [\\$1,000 a month](#) more to get maternity coverage.

These proposed changes would jeopardize the health of Ohio women and infants who will lose maternity and health care coverage under BCRA. As more pregnant women and mothers lose their care, the risk of infant mortality will continue to rise.